

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029004

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

164

Primary Registration District No.

3032

Registrar's No.

108

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Warrensburg,</u>		c. CITY OR TOWN <u>Warrensburg,</u>	
Length of stay in 1b <u>8 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. # 2</u>	
3. NAME OF DECEASED (Type or print) <u>ROY EARL JONES</u>		4. DATE OF DEATH Month <u>July</u> Day <u>14</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-17-1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11a. FATHER'S NAME <u>Hasten Jones</u>		11b. MOTHER'S MAIDEN NAME <u>Annabell Maslin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War #1</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Mrs. Pearl Jones, Rt. #2, Warrensburg,</u>		18. NAME OF HUSBAND OR WIFE <u>Mrs. Pearl Jones</u>	
19. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia, Bronchial, Bilateral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pyelonephritis; Arteriosclerotic Arteries Vascular disease</u>	
20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>7-1-61</u> to <u>July 14th, 1963</u> and last saw him alive on <u>July 14, 1963</u>		Death occurred at <u>11:45 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Keith D. Jones, M.D.</u>		22b. ADDRESS <u>Warrensburg, Missouri</u>	
22c. DATE SIGNED <u>7-15-63</u>		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 16, 63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>Warrensburg, Missouri</u>	
24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 18, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Savannah Deutchfield</u>		27. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUL 25 1963

JUL 22 1963

2122

0125

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by W. C. [Signature], Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

. If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.